

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street, N.W., Washington, D.C. 20503.	
1. Agency/Subagency Originating Request Department of Homeland Security, U.S. Citizenship and Immigration Services	2. OMB control number <span style="float: right;">b. <input type="checkbox"/> none</span> a. 1615 - 0038
3. Type of information collection ( <i>check one</i> ) a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with changes, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number  <i>For b-f, note item A2 of Supporting Statement Instructions</i>	4. Type of review requested ( <i>check one</i> ) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: <span style="float: right;">c. <input type="checkbox"/> Delegated</span>  5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>  6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date <span style="float: right;">b. <input type="checkbox"/> Other Specify</span>
7. Title Petition to Remove the Conditions on Residence	
8. Agency form number(s) ( <i>If applicable</i> ) Form I-751	
9. Keywords ALIEN CONDITIONAL IMMIGRATION NATURALIZATION RESIDENCE	
10. Abstract Aliens granted conditional residence through marriage to a U.S. citizen or permanent resident use this form to petition for removal of those conditions. The information collected on the form is used to verify the petitioner's status and to determine whether the conditional resident is eligible to have the conditions of his or her status removed.	
11. Affected public ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <u>P</u> Individuals or households <span style="margin-left: 20px;">d. <input type="checkbox"/> Farms</span> b. <input type="checkbox"/> Business or other for-profit <span style="margin-left: 20px;">e. <input type="checkbox"/> Federal Government</span> c. <input type="checkbox"/> Not-for-profit institutions <span style="margin-left: 20px;">f. <input type="checkbox"/> State, Local or Tribal Governments</span>	12. Obligation to respond ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Voluntary b. <u>P</u> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>118,008</u> b. Total annual responses <u>118,008</u> 1. Percentage of these responses collected electronically <u>0</u> % c. Total annual hours requested <u>156,951</u> d. Current OMB Inventory <u>156,951</u> e. Difference _____ f. Explanation of differences 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollars</i> ) a. Total annualized capital/startup costs <u>\$0.00</u> b. Total annual costs (O&M) <u>\$14,751.00</u> c. Total annualized cost requested <u>\$14,751.00</u> d. Current OMB inventory <u>\$14,751.00</u> e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustments _____
15. Purpose of information collection ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <u>P</u> Application for benefits <span style="margin-left: 20px;">e. <input type="checkbox"/> Program planning or management</span> b. <input type="checkbox"/> Program evaluation <span style="margin-left: 20px;">f. <input type="checkbox"/> Research</span> c. <input type="checkbox"/> General purpose statistics <span style="margin-left: 20px;">g. <input type="checkbox"/> Regulatory or compliance</span> d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. <input type="checkbox"/> Recordkeeping <span style="float: right;">b. <input type="checkbox"/> Third party disclosure</span> c. <input checked="" type="checkbox"/> Reporting 1. <input checked="" type="checkbox"/> On occasion <span style="margin-left: 20px;">2. <input type="checkbox"/> Weekly</span> <span style="margin-left: 20px;">3. <input type="checkbox"/> Monthly</span> 4. <input type="checkbox"/> Quarterly <span style="margin-left: 20px;">5. <input type="checkbox"/> Semi-annually</span> <span style="margin-left: 20px;">6. <input type="checkbox"/> Annually</span> 7. <input type="checkbox"/> Biannually <span style="margin-left: 20px;">8. <input type="checkbox"/> Other (describe) _____</span>
17. Statistical methods Does this information collection employ statistical methods?  <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         </div>	18. Agency contact (person who can best answer questions regarding the content of this submission)  Name: <u>E.B. Duarte</u> <span style="float: right;">Phone: <u>202-514-7464</u></span>

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b) (3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) It implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b) (3);
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

**Richard A. Sloan**

Director,  
Regulatory Management Division

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Dated

Signature of Senior Official or designee

Date  
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